

Illinois Commerce Commission Supplier Diversity Report Form for Suppliers of Energy

Section 5-117 of the Public Utilities Act states that the Illinois Commerce Commission "shall require all gas, electric, and water companies with at least 100,000 customers under its authority, as well as suppliers of wind energy, solar energy, hydroelectricity, nuclear energy, and any other supplier of energy within this State, to submit an annual report by April 15, 2015 and every April 15 thereafter, in a searchable Adobe PDF format, on all procurement goals and actual spending for female-owned, minority-owned, veteran-owned, and small business enterprises in the previous calendar year."

Pursuant to Section 5-117, please complete the following form and submit it to the Illinois Commerce Commission in PDF format. This form can also be found at the ICC's website www.icc.illinois.gov/odca.

1. Name of Entity: Nordic Energy Services, LLC

2. Business Address:

| Street | 1 Tower Lane – STE 300 |
|--------------------------|------------------------|
| Street 2 (if applicable) | |
| City | Oakbrook Terrace |
| State | IL |
| Zip | 60181 |

3. Business Address in Illinois (if different):

| Street | SAME |
|--------------------------|------|
| Street 2 (if applicable) | |
| City | |
| Zip | |

4. Person Responsible for Preparing this Report, including Title:

| First and Last Name | Ted Basta | |
|---------------------|----------------------------|--|
| Title | Director of Operations | |
| Phone | 630-321-0888 | |
| Email Address | tbasta@nordicenergy-us.com | |

| 5. | Type of Entity (check as many as apply): | | | | |
|--|---|---|--|--|--|
| | ☐ Distribution | | | | |
| | ☐ Generation: ☐ Nuclear ☐ Hydroelectric ☐ Solar ☐ Wind ☐ Other | | | | |
| | ☑ Alternative Supplier:☑ Natural Gas | ☑ Electricity | | | |
| | ☐ Other - please describe: | | | | |
| 6. Please identify the person at your entity who can be contacted by diverse suppliers reg procurement opportunities: | | | | | |
| | First and Last Name | Ted Basta | | | |
| | Title | Director of Operations | | | |
| | Phone | 630-321-0888 | | | |
| | Email Address | tbasta@nordicenergy-us.com | | | |
| 8. | Yes □ No For an alternative retail, municipal or electrical cooperative electric supplier, sales or delivery of 500,000 or more kwh For an alternative gas supplier or natural gas cooperative, sales or delivery of 500,000 or more dekatherms For any other commercial energy supplier, sales or delivery of 500,000 or more kwh In calendar year 2020, did your entity track spending with, contracting with, or procurement from women-owned businesses (WBEs), minority-owned businesses (MBEs), veteran-owned businesses (VBEs), businesses owned by persons with disabilities (DBEs) and/or small-business enterprises (SBEs)? □ Yes ☒ No | | | | |
| 9. | If you checked "no," describe any actions your entity plans to take in the coming year to tra spending with, contracting with, or procurement from MBEs, WBEs, VBEs, DBEs and/or SBE | | | | |
| | whether they mee | vices, LLC, will strive to communicate with its vendors in the future or et the qualifications to be considered an MBE, WBE, VBE, DBE, and/or spending with such groups to the extent it is able. | | | |
| 10. Please present your entity's total calendar year 2020 spending/total value of contracts with/total procurement from MBEs, WBEs, VBEs, DBEs, and/or SBEs: | | | | | |
| | (a) \$N/A | 00 Percentage of total:% | | | |

| (b) | Illinoi | s totals (if tracked) | | | |
|-----|---------|-----------------------|----|----------------------|----|
| | \$ | N/A | 00 | Percentage of total: | _% |

11. If your entity tracks spending by type of business, please complete the table below:

| | Entity Totals | |
|-----------------------|-----------------------------|---------------------|
| Vendor Classification | Spending | Percentage of Total |
| MBEs | N/A | |
| WBEs | N/A | |
| VBEs | N/A | |
| DBEs | N/A | |
| SBEs | N/A | |
| | | |
| | Illinois Totals, if tracked | |
| Vendor Classification | Spending | Percentage of Total |
| MBEs | N/A | |
| WBEs | N/A | |
| VBEs | N/A | |
| DBEs | N/A | |
| SBEs | N/A | |

| 12. | If you do not have Illinois-specific information, please state why: |
|-----|---|
| | Data is not tracked. |

| 13. | Please state whether your entity plans to track its 2021 contracting with, or procurement fr | rom |
|-----|--|-----|
| | MBEs, WBEs, VBEs, DBEs and SBEs: | |

- 14. If you answered "yes" to Question 13, please describe your entity's tracking plan.
- 15. Please state whether your entity has goals in 2021 for contracting with, or procurement from MBEs, WBEs, VBEs, DBEs and SBEs:

- 16. If you answered "yes" to Question 15, please describe your entity's 2021 goals and any plan to increase those procurement goals next year.
- 17. Please identify any areas of procurement or contracting in which your entity will actively seek greater or additional participation by MBEs, WBEs, VBEs, DBEs and SBEs.
- 18. Please describe any plan your entity has to encourage MBEs, WBEs, VBEs, DBEs and SBEs to submit bids or proposals in those areas.

N/A

- 19. What, if any, impediments to obtaining bids or proposals from qualified MBEs, WBEs, VBEs, DBEs or SBEs has your entity identified?"

 N/A
- 20. Please identify any steps that the Illinois Commerce Commission can undertake to assist you in identifying qualified MBEs, WBEs, VBEs, DBEs or SBEs.

 N/A

21. Please identify any certifications of MBE, WBE, VBE, DBE or SBE status that your entity recognizes.

N/A

22. Please identify any best practices your entity uses to encourage qualified MBEs, WBEs, VBEs, DBEs or SBEs to submit bids or proposals.

N/A